

0010/PTO Rev. 8/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number ANDPAT/159/US	
DECLARATION		First Named Inventor Franz PETSCHAUER	
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS AND A DEVICE FOR THE FORMATION OF FIBER BOARD

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ as filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
A 215/98	Austria	02/06/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
NONE		

EL 915221161 US

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/402,333		12/20/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

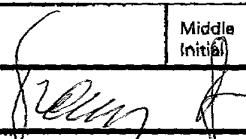
Firm Name: Alix, Yale & Ristas, LLP

Customer Number 002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

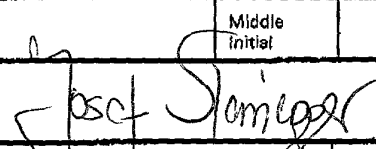
Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name	Franz	Middle Initial		Family Name	PETSCHAUER	Suffix	
Inventor's Signature					Date	11.01.2002	
RESIDENCE: City	Lannach	State		Country	Austria	Citizenship	Austrian
POST OFFICE ADDRESS	Hangstrasse 21						
City	Lannach	State		Zip	A-8502	Country	Austria
						Applicant Authority	

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Josef	Middle Initial		Family Name	STEINEGGER	Suffix	
Inventor's Signature					Date	14.01.2002	
RESIDENCE: City	Graz	State		Country	Austria	Citizenship	Austrian
POST OFFICE ADDRESS	Rotmoosweg 33						
City	Graz	State		Zip	A-8045	Country	Austria
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Thomas				Middle Initial		Family Name	KEFER				Suffix							
Inventor's Signature	<i>Th. Kefer</i>								Date	11.01.2002									
RESIDENCE: City	Graz				State			Country	Austria		Citizenship	Austrian							
POST OFFICE ADDRESS	Reichsstrasse 79																		
City	Graz				State			Zip	A-8045		Country	Austria		Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Johannes				Middle Initial		Family Name	KAPPEL				Suffix							
Inventor's Signature	<i>Johannes Kappel</i>								Date	11.01.2002									
RESIDENCE: City	Graz				State			Country	Austria		Citizenship	Austrian							
POST OFFICE ADDRESS	Robert-Musil-Gasse 8																		
City	Graz				State			Zip	A-8041		Country	Austria		Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature									Date										
RESIDENCE: City					State			Country			Citizenship								
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial		Family Name					Suffix							
Inventor's Signature									Date										
RESIDENCE: City					State			Country			Citizenship								
POST OFFICE ADDRESS																			
City					State			Zip			Country			Applicant Authority					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			